

## APPLICATION DATA SHEET

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: Expression Profiles for Colon Cancer and Methods of Use  
Attorney Docket Number:: 5151

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Deepa  
Middle Name::  
Family Name:: Eveleigh  
City of Residence:: West Haven  
State or Province of Residence:: Connecticut  
Country of Residence:: US  
Street of mailing address:: 81 Sorensen Road  
City of mailing address:: West Haven  
State or Province of mailing address:: Connecticut  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06516

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Douglas  
Middle Name::  
Family Name:: Bigwood  
City of Residence:: Madison  
State or Province of Residence:: Connecticut

Country of Residence:: US  
Street of mailing address:: 72 Kelsey Springs Drive  
City of mailing address:: Madison  
State or Province of mailing address:: Connecticut  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06443

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ian  
Middle Name::  
Family Name:: Taylor  
City of Residence:: Madison  
State or Province of Residence:: Connecticut  
Country of Residence:: US  
Street of mailing Address:: 149 Country Way  
City of mailing Address:: Madison  
State or Province of mailing address:: Connecticut  
Country of Mailing address:: US  
Postal or Zip Code of mailing address:: 06443

#### **Correspondence Information**

Correspondence Customer Number:: 35969

#### **Representative Information**

Representative Customer Number:: 35969

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/442,582	01/24/03

**Assignee Information**

Assignee name: Bayer Pharmaceuticals Corporation  
Street of mailing address: 400 Morgan Lane  
City of mailing address:: West Haven  
State or Province of mailing address:: Connecticut  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 06516